DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



December 6, 2004	
2000m201 0, 200 i	REASON FOR THIS TRANSMITTAL
ALL-COUNTY INFORMATION NOTICE NO. I-81-04	[] State Law Change[] Federal Law or RegulationChange[] Court Order or Settlement
TO: ALL COUNTY WELFARE DIRECTORS ALL COUNTY CAPI PROGRAM MANAGERS	Agreement [X] Clarification Requested by One or More Counties [] Initiated by CDSS

SUBJECT: JANUARY 2005 COST-OF-LIVING ADJUSTMENTS THAT AFFECT THE CASH ASSISTANCE PROGRAM FOR IMMIGRANTS

REFERENCE: ACIN I-81-03 and ACL 99-13

This All-County Information Notice (ACIN) provides the new Cash Assistance Program for Immigrants (CAPI) Payment Standards, effective January 1, 2005, and April 1, 2005, and clarification for computing benefits for a CAPI recipient whose spouse receives Supplemental Security Income/State Supplementary Payment (SSI/SSP). The attached CAPI Payment Standards charts detail the payment standards that will be effective on January 1, 2005, and on April 1, 2005.

As required by Section 18941 of the Welfare and Institutions Code (WIC), the CAPI payment standards are based on the SSI/SSP payment standards, minus \$10.00 for an individual and \$20.00 for a couple. Under the provisions of Senate Bill (SB) 1104 (Chapter 229, Statutes of 2004), the State SSP Cost-of-Living Adjustment (COLA) is delayed from January 1, 2005, until April 1, 2005. Although there will be no increase in the State-funded SSP amount in January, WIC Section 12201.05 does require that the SSI/SSP payment standards be increased by the amount of the federal SSI COLA on January 1, 2005. The increased CAPI Payment Standards, which will become effective on January 1, 2005, and April 1, 2005 are the result of the federal COLA for SSI and the State COLA for SSP respectively, and are reflected in the attached charts.

The separate federal SSI COLA also affects the following values for the entire calendar year that can impact CAPI eligibility and benefit amounts effective on January 1, 2005:

PRESUMED MAXIMUM VALUE (PMV) OF IN-KIND SUPPORT AND MAINTENANCE

• To compute this value, take 1/3 of the federal SSI amount and add \$20.00. This changes the PMV from \$208.00 to \$213.00 for an individual and from \$302.00 to \$309.66 for a couple.

ALLOWANCE FOR INELIGIBLE CHILDREN IN DEEMING SITUATIONS

- To compute this allowance, determine the difference between the federal SSI benefit amount for a couple and the federal SSI benefit amount for an individual. This computation changes the allowance from \$282.00 to \$290.00.
- This allowance is entered, when appropriate, on the Income Eligibility Worksheet (SOC 452), line B.2.a, when determining a CAPI benefit amount for a case involving deemed income from an ineligible spouse.

SPONSOR'S ALLOCATION IN ALIEN DEEMING SITUATIONS

- This allocation equals the federal SSI rate for an individual. The federal SSI COLA changes the allocation from \$564.00 to \$579.00.
- This allowance is entered, when appropriate, on the Sponsor to Alien Deeming Worksheet (SOC 454), line 2, when determining a CAPI benefit amount for a case involving deemed income from a sponsor.

COLA COORDINATION WHEN ONE SPOUSE RECEIVES SSI/SSP

As stated above, WIC Section 18941 requires CAPI benefits to be equivalent to SSI/SSP benefits except that the CAPI payment standards must be \$10.00 less for an individual and \$20.00 less for a couple. A unique situation arises when one member of a couple receives SSI/SSP and the other receives CAPI. All-County Letter (ACL) No. 99-13 addressed this situation by requiring counties to count the SSI/SSP benefits received by one member as income while using a special payment standard that is \$10.00 less than the SSI/SSP payment standard for a couple. The intended result of this policy is that the CAPI/SSI/SSP couple receives combined benefits that total \$10.00 less than the SSI/SSP benefit rate for a couple as required by WIC Section 18941.

However, the intended result will NOT occur for a CAPI/SSI/SSP couple if normal retrospective budgeting of the spouse's SSI/SSP benefit is used to determine CAPI payment in the effective month of a COLA and the subsequent month. Using a January COLA for example, under normal retrospective counting rules the CAPI recipient's January and February payments would be computed using the spouse's SSI/SSP benefit from November and December respectively – before the SSI/SSP COLA in January – resulting in the CAPI/SSI/SSP couple receiving higher combined benefits in January and February than either the SSI/SSP or CAPI couple.

In order to comply with WIC Section 18941, counties are hereby instructed, for CAPI/SSI/SSP couples, to prospectively budget the spouse's SSI/SSP benefit in the month that a COLA occurs and the subsequent month. Using a January COLA for example, the CAPI recipient's January payment should be computed using the spouse's

SSI/SSP January payment, and the CAPI recipient's February payment should be computed using the spouse's SSI/SSP February payment.

Any questions regarding these adjustments should be directed to the Adult Programs Branch, Operations and Technical Assistance Unit at (916) 229-4000.

Sincerely,

JOSEPH M. CARLIN Acting Deputy Director Disability and Adult Programs Division

Attachments

c: CWDA

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL SERVICES
ADMINISTRATION DIVISION

CAPI PAYMENT STANDARDS EFFECTIVE JANUARY 1, 2005

BASED ON JANUARY 2005 SSI/SSP STANDARDS

	INDEPENDENT LIVING			REDUCED NEEDS			NON-MEDICAL OUT-OF-HOME CARE (NMOHC)					
	RESIDING IN OWN HOUSEHOLD		HOUSEHOLD OF ANOTHER WITH IN-KIND ROOM & BOARD		HOUSEHOLD OF RELATIVE WITH IN-KIND ROOM & BOARD AND CERTIFIED NMOHC			IN LICENSED FACILITY OR HOUSEHOLD OF RELATIVE WITHOUT IN-KIND ROOM & BOARD				
	TOTAL CAPI		TOTAL SSI/SSP	TOTAL CAPI		TOTAL SSI/SSP	TOTAL CAPI		TOTAL SSI/SSP	TOTAL CAPI		TOTAL SSI/SSP
INDIVIDUAL:												
AGED OR DISABLED - without cooking facilities (RMA) 1/ BLIND DISABLED MINOR - living with parent(s) - living with non-parent relative or non-relative guardian	795.00 877.00 859.00 684.00 684.00		805.00 887.00 869.00 694.00 694.00	603.00 N/A 682.00 481.00 481.00		613.00 N/A 692.00 491.00 491.00	772.00 N/A 772.00 772.00		782.00 N/A 782.00 782.00	969.00 N/A 969.00 969.00		979.00 N/A 979.00 979.00
COUPLE:	BOTH CAPI	ONE CAPI, ONE SSI	BOTH SSI/SSP	BOTH CAPI	ONE CAPI, ONE SSI	BOTH SSI/SSP	BOTH CAPI	ONE CAPI, ONE SSI	BOTH SSI/SSP	BOTH CAPI	ONE CAPI, ONE SSI	BOTH SSI/SSP
AGED OR DISABLED - per couple - without cooking facilities (RMA) 1/	1,402.00 1,566.00	1,412.00 1,576.00	1,422.00 1,586.00	1,138.67 N/A	1,148.67 N/A	1,158.67 N/A	1,576.67 N/A	1,586.67 N/A	1,596.67 N/A	1,938.00 N/A	1,948.00 N/A	1,958.00 N/A
BLIND - per couple	1,622.00	1,632.00	1,642.00	1,359.67	1,369.67	1,379.67	1,576.67	1,586.67	1,596.67	1,938.00	1,948.00	1,958.00
BLIND/AGED OR DISABLED - per couple	1,540.00	1,550.00	1,560.00	1,275.67	1,285.67	1,295.67	1,576.67	1,586.67	1,596.67	1,938.00	1,948.00	1,958.00

TITLE XIX MEDICAL FACILITY						
	Individual	Couple				
Total CAPI	\$39	\$78				
SSI/SSP	49	98				

1/ RMA - Restaurant Meals Allowance - \$82 Individual; \$164 Couple

STATE OF CALIFORNIA DEPARTMENT OF SOCIAL SERVICES ADMINISTRATION DIVISION

ESTIMATED CAPI PAYMENT STANDARDS EFFECTIVE APRIL 1, 2005 BASED ON APRIL 2005 SSI/SSP STANDARDS

	INDEPENDENT LIVING			REDUCED NEEDS			NON-MEDICAL OUT-OF-HOME CARE (NMOHC)					
	RESIDING IN OWN HOUSEHOLD		HOUSEHOLD OF ANOTHER WITH IN-KIND ROOM & BOARD		HOUSEHOLD OF RELATIVE WITH IN-KIND ROOM & BOARD AND CERTIFIED NMOHC		IN LICENSED FACILITY OR HOUSEHOLD OF RELATIVE WITHOUT IN-KIND ROOM & BOARD		LATIVE			
	TOTAL CAPI		TOTAL SSI/SSP	TOTAL CAPI		TOTAL SSI/SSP	TOTAL CAPI		TOTAL SSI/SSP	TOTAL CAPI		TOTAL SSI/SSP
INDIVIDUAL:												
AGED OR DISABLED - without cooking facilities (RMA) 1/ BLIND DISABLED MINOR - living with parent(s) - living with non-parent relative	802.00 886.00 867.00 688.00 688.00		812.00 896.00 877.00 698.00 698.00	610.00 N/A 691.00 484.00 484.00		620.00 N/A 701.00 494.00 494.00	783.00 N/A 783.00 783.00		793.00 N/A 793.00	981.00 N/A 981.00 981.00		991.00 N/A 991.00 991.00
or non-relative guardian COUPLE:	BOTH CAPI	ONE CADI	вотн	BOTH CAPI	ONE CARL	вотн	ВОТН САРІ	ONE CARL	вотн	ВОТН САРІ	ONE CAPI,	вотн
	BOTH CAPI	ONE SSI	SSI/SSP	BOTH CAPI	ONE SSI	SSI/SSP	BOTH CAPI	ONE SSI	SSI/SSP	BOTH CAPI	ONE SSI	SSI/SSP
AGED OR DISABLED - per couple - without cooking facilities (RMA) 1/	1,417.00 1,585.00	1,427.00 1,595.00	1,437.00 1,605.00	1,155.00 N/A	1,165.00 N/A	1,175.00 N/A	1,605.00 N/A	1,615.00 N/A	1,625.00 N/A	1,962.00 N/A	1,972.00 N/A	1,982.00 N/A
BLIND - per couple	1,644.00	1,654.00	1,664.00	1,382.00	1,392.00	1,402.00	1,605.00	1,615.00	1,625.00	1,962.00	1,972.00	1,982.00
BLIND/AGED OR DISABLED - per couple	1,559.00	1,569.00	1,579.00	1,296.00	1,306.00	1,316.00	1,605.00	1,615.00	1,625.00	1,962.00	1,972.00	1,982.00

TITLE XIX MEDICAL FACILITY							
	Individual	Couple					
Total CAPI	\$40	\$80					
SSI/SSP	50	100					

1/ RMA - Restaurant Meals Allowance - \$84 Individual; \$168 Couple